

PLACE OF BIRTH

1. County of Gila

District of _____

Town of Globe

or _____

City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 152

County Registrar No. _____

Local Registrar No. 152

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Margaret Gonzales If child is not yet named, make supplemental report, as directed.3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. no 5. Legitimate? yes 6. Date of birth June 10, 1925 Month day year3. FATHER Full name Secundino Gonzales 14. MOTHER Full maiden name Lidia Flores9. Residence (Usual place of abode) Globe, Ariz. 15. Residence (Usual place of abode) Globe, Ariz. If nonresident, give place and state10. Color or race Mexican 11. Age at last birthday 35 (Years) 16. Color or race Mexican 17. Age at last birthday 27 (Years)12. Birthplace (city or place) Mexico (State or country) 18. Birthplace (city or place) Fort Apache (State or country) Ariz.13. Occupation Nature of industry miner 19. Occupation Nature of industry Housewife20. Number of children of this mother (a) Born alive and now living two (b) Born alive but now dead one (c) Stillborn none 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 3 p. m. on the date above stated. (Born alive or stillborn.)*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth. Signature T.C. Harper M.D. (Physician or midwife) Address Globe, Ariz.Given name added from a supplemental report _____ Month, day, year. Filed 6/31, 1925 Local Registrar. W.W. Wood

Registrar.

Filed _____ 19____

County Registrar.

472-610-369

WRITE IN INK WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.
MARGIN RESERVED FOR BANDING.